

GENERAL RELIEF OPPORTUNITIES FOR WORK JOB SKILLS ASSESSMENT APPOINTMENT

DATE
PARTICIPANT NAME
CASE NUMBER

Dear _____:

You have a Job Skills Assessment appointment for the General Relief Opportunities for Work program. Please report to the office listed below at the date and time shown. At your appointment we will discuss how participating in this new employment program can change your life.

If you are applying for General Relief and need proof you attended Orientation, give this form to your GROW Case Manager for verification.

DATE	TIME	LOCATION
------	------	----------

This program is for your benefit. However, if you do not keep this appointment, your GR benefits may be denied/terminated and you may receive a penalty. The first time you fail to comply, your GR will be denied/terminated and you can reapply immediately. The second time you will be ineligible for 30 days. The third and any subsequent time you will be ineligible for 60 days.

CASE MANAGER	FILE NUMBER	PHONE NUMBER
--------------	-------------	--------------

Verification of GROW Orientation Attendance
<u>Case Manager:</u> If participant is applying for GR, complete and return the following:
Date Orientation was completed _____
Case Manager initials _____.